State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91)

Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

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19. Discrepancy Indication Space
1 / Aft
I V MATTER
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed Pyped Name
THE STATE OF THE S
Do Not Write Below This Line White: TSDF SENDS THIS CORY TO DOHS
D) 22 To: P.O. Box 3000, Socramento, CA
To: F.O. box 3000, Socramento, CA